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CONFIRMATION NO. 6665

<b>SERIAL NUMBER</b> 10/624,534	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 64230-00004USD1
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/528,371 03/17/2000 PAT 6,734,018 and is a CIP of 09/327,240 06/07/1999 ABN  
*S*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>S. S.</i> Initials				

**ADDRESS**  
51738

**TITLE**  
Process for decellularizing soft-tissue engineered medical implants, and decellularized soft-tissue medical implants produced

<b>FILING FEE RECEIVED</b> 3057	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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